PRINTED: 09/02/2008 FORM APPROVED

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
NVN4371HIC				B. WING		08/05/2008	
				RESS, CITY, STA			
				S STONEY CREEK WAY NO, NV 89506			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATI			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
H 000	0 Initial Comment			H 000			
	This Statement of Deficiencies was generated as a result of a State Licensure survey conducted in your facility on 8/5/08.						
	This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999.						
		ne of the survey was tw d one discharge file we					
H 012	Director Duties-Document Abilities			H 012			
	NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 2. Ensure that the needs of each resident of the home are assessed upon admission of the resident to the home, and that the assessment is updated as the needs of the resident change. Such an assessment must include: (a) Documentation of the abilities of the resident to function independently; and						
	Based on record revi	ot met as evidenced by: ew on 8/5/08, the facilit admission the abilities tion independently.	y				
	Findings include:						
	file revealed the facili	#1's file and Resident # ty had not assessed ea sion for their abilities to ly.	-				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

PRINTED: 09/02/2008 FORM APPROVED Bureau of Licensure and Certification STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVN4371HIC 08/05/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 9665 STONEY CREEK WAY STONEY CREEK MANOR **RENO, NV 89506** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) H 013 Continued From page 1 H 013 H 013 H 013 **Director Duties-List Needed Assistance** NAC 449.15523 Director: Duties. (NRS 449.249) The director of a home shall: 2. Ensure that the needs of each resident of the home are assessed upon admission of the resident to the home, and that the assessment is updated as the needs of the resident change. Such an assessment must include: (b) A Complete list of the matters for which the resident requires assistance. This Regulation is not met as evidenced by: Based on record review on 8/5/08, the facility failed to list items in which 2 of 2 residents required assistance. Findings include: A record review of Resident #1's file and Resident #2's file revealed the facility had not assessed each resident upon admission for areas in which they needed assistance.